Swedish Medical Center and District 1199 Northwest, Hospital and Health Care Employees Union, SEIU, AFL-CIO, Petitioner. Case 19–UC-614

April 29, 1998

DECISION ON REVIEW AND ORDER

BY CHAIRMAN GOULD AND MEMBERS FOX AND LIEBMAN

On April 21, 1997, the Acting Regional Director for Region 19 issued a Decision and Order in which he found that the Employer's managed care home health coordinator employed at Ballard did not share such a community of interest with the existing bargaining unit of registered nurses (RNs) as would compel her inclusion in the unit. Accordingly, he dismissed the instant petition with respect to that classification. The Petitioner filed a timely request for review.

The National Labor Relations Board has delegated its authority in this proceeding to a three-member panel.

Having duly considered the matter, the Board grants review and finds, contrary to the Acting Regional Director, that the managed care home health coordinator position is, in essence, the same as the Ballard home care coordinator position historically included in the unit. Neither the change of title nor the alleged change in job focus, warrants excluding the managed care home health coordinator from the unit. We therefore reverse the Acting Regional Director's Decision and clarify the unit to include that position.

In 1992, the Petitioner was certified as the collective-bargaining representative of all RNs at the Employer's Seattle and Ballard facilities. The Petitioner currently represents the RNs at the Employer's acute care hospitals (in First Hill and Ballard) and home health nurses employed by the Employer's home health care service. Prior to September 1996, the Employer employed a home care coordinator at Ballard. The Employer required the home care coordinator to be a licensed RN, and that classification was included in the RN unit. The basic responsibility of the Ballard home care coordinator was to generate referrals for the Employer's home health services. She visited patient floors and spoke to patients, patients' families, physicians, and staff nurses, seeking to identify patients who would be candidates for home health care on discharge from the hospital. She disseminated to those individuals information about the Employer's home health services. Physicians made the actual referrals. The Ballard home care coordinator made repeated visits to one nursing home to generate referrals to the Employer's services, and made some visits to other nursing homes and physicians' offices to advertise the Employer's services.

In addition to the Ballard home care coordinator, the Employer employs three home care coordinators at First Hill. The First Hill home care coordinators also are required to be RNs, and are included in the bargaining unit at issue. They work within First Hill to generate referrals to the Employer's home health services. The Ballard home care coordinator was commonly supervised with the First Hill home care coordinators.

On the resignation of Ballard's home care coordinator, the Employer created the position of managed care home health coordinator, treating this as an unrepresented position. The Employer hired a licensed RN for the position. The basic duty of the managed care home health coordinator is to generate referrals to the Employer's home health services. The managed care home health coordinator seeks to identify Ballard patients for whom home health care would be appropriate on discharge. According to the Employer, she also has other discharge planning duties. She visits four to five nursing homes each week to market the Employer's services. She is commonly supervised with the First Hill home care coordinators by the Employer's director of planning and development.

Contrary to the Employer's claim, we find that the job duties and responsibilities of the Ballard managed care home health coordinator are essentially the same as those of the prior Ballard home care coordinator. It is undisputed that the managed care coordinator assumed the duties of her predecessor. Her basic responsibility—to generate referrals for the Employer's home health services—remains the same. Although the managed care coordinator apparently visits more outside facilities than did her predecessor, the Employer fails to show that her duties in this regard changed in a substantial or significant way. Nor does the Employer substantiate its claim that the Ballard managed care home health coordinator has significant additional discharge planning duties. It is undisputed that, as was the case of the Ballard home care coordinator, the Ballard managed care coordinator shares common supervision with the First Hill home coordinators.

We also reject, contrary to the Acting Regional Director, the Employer's claim that the managed care coordinator position, unlike the home health coordinator position, does not effectively require an RN license. Although, according to the Employer, the job description does not expressly require an RN license, the description requires completion of an RN degree program (associate degree or higher) or, as a substitute, 2 years related experience and/or training, or the equivalent combination of education and experience. This require-

¹The Petitioner also sought to clarify the unit to include the home infusion coordinators in the bargaining unit. The Acting Regional Director clarified the unit to include that classification. No party has requested review with respect to the home infusion coordinators.

ment is in addition to the required 2 years of recent home health experience or experience in coordination of care, marketing, or community education.

Furthermore, the managed care coordinator performs the functions of the prior Ballard home care coordinator, for which an RN license had been expressly required, as well as the functions of the other home care coordinators, for which an RN license is required. Significantly, although the Employer contends that it considered an applicant without an RN license for the managed care coordinator position, in fact, the Employer filled the position with a licensed RN. The fact that the managed care coordinator does not perform direct patient care is not dispositive of whether an RN license is required, since other home care coordinators similarly do not perform direct patient care. Inasmuch as the Employer has failed to show that the managed care coordinator position does not in effect require an RN license, the case cited by the Acting Regional Director in which the Board excluded from an RN unit positions not requiring RN licensure² is inapposite.

In sum, we find that the newly created managed care position is substantially the same as the Ballard

home care coordinator position which previously was included in the bargaining unit. As such, that position appropriately is included in the bargaining unit. See NLRB v. Louisville Gas & Electric, 760 F.2d 99 (6th Cir. 1985), enfg. 268 NLRB No. 149 (Feb. 17, 1984) (Board clarified unit to include newly created position where, inter alia, employees had been "promoted" from bargaining unit but performed substantially the same work as they had in prior position in bargaining unit); Plough, Inc., 203 NLRB 818, 819 (1973) (accretion appropriate where employees in their new positions perform work similar to that formerly done by unit employees). Accordingly, we reverse the Acting Regional Director's dismissal of the petition and clarify the bargaining unit specifically to include the managed care home health coordinator employed at Ballard.

ORDER

The unit of all full-time, regular part-time, and intermittent and per diem nurses employed as registered nurses at the Employer's Seattle and Ballard facilities represented by the Petitioner is clarified to include the classification of managed care home health coordinator.

² Ralph K. Davies Medical Center, 256 NLRB 1113 (1981).